CREDIT APPLICATION

								APP #	
(A) APPLICANT INFORMATION					(B) JOINT APPLICANT INFORMATION				
PRINT FULL NAME				PRINT FULL NAME					
DOB		SSN		OF DEPENDENTS	DOB	SSN		#0	
STREET ADDRESS				STREET ADDRESS					
CITY		STATE		ZIPCODE	CITY		STATE	ZIPCODE	
HOW LONG?	HOME PHONE			CELL PHONE	HOW LONG?	HOME PHONE		CELL PHON	ΙE
RESIDENTIAL STATUS	SIDENTIAL STATUS MONTHLY RENT/N		T/MORTGAGE PM	ИТ	RESIDENTIAL STATUS		MONTHLY RENT/MORTGAGE PMT		
LANDLORD OR MORTGAGE HOLDER'S NAME				LANDLORD OR MORTGAGE HOLDER'S NAME					
PREVIOUS ADDRESS (if less than 2 yrs at current address)				PREVIOUS ADDRESS (if less than 2 yrs at current address)					
CURRENT EMPLOYER'S NAME				CURRENT EMPLOYER'S NAME					
CURRENT EMPLOYER'S ADDRESS				CURRENT EMPLOYER'S ADDRESS					
GROSS MONTHLY SALARY WORK PHONE					GROSS MONTHLY SALARY WORK PHONE				
OCCUPATION/JOB TITLE			HOW LONG?	OCCUPATION/JOB TITLE			HOW LONG?		
PREVIOUS EMPLOYER (if less than 2 yrs on current job) HOW			HOW LONG?	PREVIOUS EMPLOYER (if less than 2 yrs on current job)			HOW LONG?		
						ave to be revealed u	nless the ap	oplicant wisl	nes to have
Such sources considered as a basis for repayment of the requirement of			uested credit a	GROSS MONTHLY OTHER INCOME OTHER INCOME SOURCE					
REFERENCE 1	REFERENCE 1		PHONE		ADDRESS			RELATIONSHIP	
REFERENCE 2		PHONE		ADDRESS			RELATIONSHIP		

FAIR CREDIT REPORTING ACT TO CONSUMER

THIS WILL ADIVSE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED DEBT WILL BE SUBMITTED TO FINANCIAL INSTITUTIONS AND THEIR AFFILIATES FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS.

THE UNDERSIGNED FURTHER AUTORIZES THESE FINANCIAL INSTITUTIONS AND THEIR AFFILIATES TO OBTAIN SUCH INFORMATION THAT THEY MAY REQUIRE IN ORDER TO VERIFY INFORMATION RELATIVE TO THIS REQUEST INCLUDING CONTACTING SPOUSES TO VERIFY SPOUSE RELATED INFORMATION.

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREIDT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME INCLUDING BUT NOT LIMITED TO LATE PAYMENTS, MISSED PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION MAY BY REPORTED IN YOUR CREIDIT REPORT.

APPLICANT	
SIGNATURE	
REQUIRED	DATE

JOINT APPLICANT
SIGNATURE
REQUIRED (means you intend to apply for joint credit) DATE
(B) JOINT APPLICANT Driver's License No. _____

(A) APPLICANT Driver's License No. _____

NEW US	ED I	DEMO	YEAR	MAKE	BOOK VALUE		
						CASH SELLING PRICE	
MODEL				BODY STYLE	MILEAGE	NET TRADE	
						CASH DOWN	
TRADE IN YE	EAR	MAK	E	MODEL	LIENHOLDER	UNPAID BALANCE	
						PLUS INSURANCE & FEES	
TERM		RAT	-	AMOUNT	DEALER (UNDERWRITER)	TOTAL AMOUNT FINANCED	
		RAI		AMOUNT	DEALER (UNDERWRITER)		